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Bib Data Sheet

CONFIRMATION NO. 2004

SERIAL NUMBER 10/698,881	FILING OR 371(c) DATE 10/31/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. P-11670.00
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## APPLICANTS

Thomas R. Skwarek, Shoreview, MN; *CF*  
 Martin T. Gerber, Maple Grove, MN;

\*\* CONTINUING DATA \*\*\*\*\* *CF*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *CR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED *JK*

\*\* 01/30/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

27581

## TITLE

Stimulating the prostate gland

FILING FEE RECEIVED 1586	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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